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about the inmate and the incident, determine if use of force is necessary.

[59 FR 30470, June 13, 1994]

§ 552.24 Use of four-point restraints.

When the Warden determines that four-point restraints are the only means available to obtain and maintain control over an inmate, the following procedures must be followed:

(a) Soft restraints (e.g., vinyl) must be used to restrain an inmate, unless:

(1) Such restraints previously have proven ineffective with respect to that inmate, or

(2) Such restraints are proven ineffective during the initial application procedure.

(b) Inmates will be dressed in clothing appropriate to the temperature.

(c) Beds will be covered with a mattress, and a blanket/sheet will be provided to the inmate.

(d) Staff shall check the inmate at least every 15 minutes, both to ensure that the restraints are not hampering circulation and for the general welfare of the inmate. When an inmate is restrained to a bed, staff shall periodically rotate the inmate's position to avoid soreness or stiffness.

(e) A review of the inmate's placement in four-point restraints shall be made by a Lieutenant every two hours to determine if the use of restraints has had the required calming effect and so that the inmate may be released from these restraints (completely or to lesser restraints) as soon as possible. At every two-hour review, the inmate will be afforded the opportunity to use the toilet, unless the inmate is continuing to actively resist or becomes violent while being released from the restraints for this purpose.

(f) When the inmate is placed in four-point restraints, qualified health personnel shall initially assess the inmate to ensure appropriate breathing and response (physical or verbal). Staff shall also ensure that the restraints have not restricted or impaired the inmate's circulation. When inmates are so restrained, qualified health personnel ordinarily are to visit the inmate at least twice during each eight hour shift. Use of four-point restraints beyond eight hours requires the supervision of qualified health personnel. Mental health

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and qualified health personnel may be asked for advice regarding the appropriate time for removal of the restraints.

(g) When it is necessary to restrain an inmate for longer than eight hours, the Warden (or designee) or institution administrative duty officer shall notify the Regional Director or Regional Duty Officer by telephone.

[54 FR 21394, May 17, 1989. Redesignated and amended at 59 FR 30469, 30470, June 13, 1994; 61 FR 39800, July 30, 1996]

§ 552.25 Use of chemical agents or non-lethal weapons.

The Warden may authorize the use of chemical agents or non-lethal weapons only when the situation is such that the inmate:

(a) Is armed and/or barricaded; or

(b) Cannot be approached without danger to self or others; and

(c) It is determined that a delay in bringing the situation under control would constitute a serious hazard to the inmate or others, or would result in a major disturbance or serious property damage.

[54 FR 21394, May 17, 1989. Redesignated and amended at 59 FR 30469, 30470, June 13, 1994]

§ 552.26 Medical attention in use of force and application of restraints incidents.

(a) In immediate use of force situations, staff shall seek the assistance of mental health or qualified health personnel upon gaining physical control of the inmate. When possible, staff shall seek such assistance at the onset of the violent behavior. In calculated use of force situations, the use of force team leader shall seek the guidance of qualified health personnel (based upon a review of the inmate's medical record) to identify physical or mental problems. When mental health staff or qualified health personnel determine that an inmate requires continuing care, and particularly when the inmate to be restrained is pregnant, the deciding staff shall assume responsibility for the inmate's care, to include possible admission to the institution hospital, or, in the case of a pregnant inmate, restraining her in other than face down four-point restraints.

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(b) After any use of force or forcible application of restraints, the inmate shall be examined by qualified health personnel, and any injuries noted, immediately treated.

[61 FR 39801, July 30, 1996]

§ 552.27 Documentation of use of force and application of restraints incidents.

Staff shall appropriately document all incidents involving the use of force, chemical agents, or non-lethal weapons. Staff shall also document, in writing, the use of restraints on an inmate who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the inmate's central file.

[59 FR 30470, June 13, 1994]

Subpart D—Hostage Situation Management

SOURCE: 61 FR 38042, July 22, 1996, unless otherwise noted.

§ 552.30 Purpose and scope.

The Bureau of Prisons primary objectives in all hostage situations are to safely free the hostage(s) and to regain control of the institution.

§ 552.31 Negotiations.

The Warden is not ordinarily involved directly in the negotiation process. Instead, this responsibility is ordinarily assigned to a team of individuals specifically trained in hostage negotiation techniques.

(a) Negotiators have no decision-making authority in hostage situations, but rather serve as intermediaries between hostage takers and command center staff.

(b) During the negotiation process, the following items are non-negotiable: release of captors from custody, providing of weapons, exchange of hostages, and immunity from prosecution.

§ 552.32 Hostages.

Captive staff have no authority and their directives shall be disregarded.

§ 552.33 Media.

The Warden shall assign staff to handle all news releases and news media

inquiries in accordance with the rule on Contact with News Media (see 28 CFR 540.65).

Subpart E—Suicide Prevention Program

SOURCE: 55 FR 17355, Apr. 24, 1990, unless otherwise noted.

§ 552.40 Purpose and scope.

The Bureau of Prisons provides guidelines for the management of potentially suicidal inmates. While suicides cannot be totally eliminated, the Bureau of Prisons is responsible for monitoring the health and welfare of individual inmates and for ensuring that procedures are pursued to help preserve life.

§ 552.41 Policy.

Each Bureau of Prisons institution, other than medical centers, will implement a suicide prevention program which conforms to the procedures outlined in this rule. Each Bureau of Prisons medical center is to develop specific written procedures, consistent with the specialized nature of the institution and the intent of this rule.

§ 552.42 Program Coordinator.

Each Warden shall designate in writing a full-time staff member to serve as Program Coordinator for an institution Suicide Prevention Program. The Program Coordinator shall be responsible for managing the treatment of suicidal inmates and for ensuring that the institution's suicide prevention program conforms to the guidelines for training, identification, referral, and assessment/intervention outlined in this rule.

§ 552.43 Procedures.

(a) *Training.* The Program Coordinator will ensure that all staff will be trained (ordinarily by psychology services personnel) to recognize signs indicative of a potential suicide, the appropriate referral process, and suicide prevention techniques.

(b) *Identification.* All newly admitted inmates will be screened by a physician's assistant (PA) ordinarily within twenty-four hours of admission to the institution for both obvious and subtle